

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91417 009 ***150.00

DOCUMENT # **P 98 000 005762**

1. Entity Name

ALL PRO REMODELING, INC.



DO NOT WRITE IN THIS SPACE

11040392

2. Principal Place of Business

1021 CRESTVIEW LN
Suite, Apt. #, etc.

3. Mailing Address

PO BOX 300993
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CASSELBERRY
City State

City & State

FERN PL, FL
City State

4. FEI Number

59-3596144

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

FREDERICK McFARLIN

Street Address (P.O. Box Number is Not Acceptable)

1021 CRESTVIEW LN

City

CASSELBERRY

FL

Zip Code

32707

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PREG DIR	TITLE	
NAME	FREDERICK McFARLIN	NAME	
STREET ADDRESS	1021 CRESTVIEW LN	STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY, FL 32707	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Frederick McFarlin**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/03 **407 673-2344**
Date Daytime Phone #

CR2E034B (12/02)